



# **ALTERNATIVE SITE APPLICATION FOR EMS PROGRAMS IN VIRGINIA**

## Application for EMT-Intermediate/Paramedic Accreditation

APPLICATION DATE \_\_\_\_\_

TYPE OF APPLICATION  
(CHECK ONE):

- ☐ ALTERNATIVE SITE  
☐ ALTERNATIVE SITE REACCREDITATION

### A. INSTITUTIONAL DATA

OFFICIAL NAME OF  
INSTITUTION \_\_\_\_\_  
MAILING  
ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

ON-SITE ADMINISTRATOR'S E-MAIL ADDRESS (THIS INDIVIDUAL WILL RECEIVE ALL RELATED  
CORRESPONDENCE FROM OEMS)

E-MAIL ADDRESS \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS  
(IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME AND TITLE OF CEO OR COO \_\_\_\_\_

NAME AND TITLE OF ON-SITE  
ADMINISTRATOR \_\_\_\_\_

NAME AND TITLE OF PROGRAM  
DIRECTOR \_\_\_\_\_

PROGRAM CREDENTIALS\*  
(CHECK ALL THAT APPLY)

**\* FOR POSTSECONDARY INSTITUTIONS ONLY**

- |  |  |
|--|--|
| <input type="checkbox"/> CERTIFICATE<br>OCCUPATIONAL | <input type="checkbox"/> DIPLOMA                     |
| <input type="checkbox"/> ASSOCIATE'S DEGREE          | <input type="checkbox"/> ACADEMIC ASSOCIATE'S DEGREE |
| <input type="checkbox"/> BACHELOR'S DEGREE           | <input type="checkbox"/> OTHER                       |

CORPORATION TYPE (*CHECK ONE*):

- ☐ PRIVATELY HELD CORPORATION
- ☐ PUBLICLY TRADED CORPORATION
- ☐ NOT-FOR-PROFIT CORPORATION
- ☐ LIMITED PARTNERSHIP WITH CORPORATE GENERAL PARTNER
- ☐ LIMITED LIABILITY COMPANY

DATE OF ORIGINAL ESTABLISHMENT OF INSTITUTION \_\_\_\_\_

**B. ALTERNATIVE SITE INFORMATION**

DOES THE INSTITUTION INTEND TO OPERATE THIS PROGRAM AT ANY  
OTHER LOCATIONS OTHER THAN THE ONE SPECIFIED ON PAGE 2? YES ☐ NO ☐

*IF YES, LIST ADDRESS, PHONE NUMBER, AND ADMINISTRATOR (IF APPLICABLE) OF EACH  
LOCATION (ATTACH A SEPARATE SHEET, IF NECESSARY):*

ADDRESS OF  
ADDITIONAL SITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
(IF AVAILABLE)

NAME AND TITLE OF ON-SITE  
ADMINISTRATOR \_\_\_\_\_

WHAT IS THE RELATIONSHIP OF THIS SITE TO ONE LISTED ON PAGE 2 OF THIS  
APPLICATION?

\_\_\_\_\_  
\_\_\_\_\_

**C. PERSONNEL LIST EACH PERSON IN ONLY ONE CATEGORY.**

NUMBER OF ADMINISTRATIVE STAFF:	FT	_____	PT	_____
NUMBER OF FACULTY MEMBERS FOR THIS PROGRAM:	FT	_____	PT	_____
OF THE FACULTY MEMBERS:				
NUMBER WHO HOLD AN ASSOCIATE'S DEGREE:	FT	_____	PT	_____
NUMBER WHO HOLD A BACHELOR'S DEGREE:	FT	_____	PT	_____
NUMBER WHO HOLD A MASTER'S DEGREE:	FT	_____	PT	_____
NUMBER WHO HOLD A DOCTORATE DEGREE:	FT	_____	PT	_____

**D. STUDENTS**

ANTICIPATED NUMBER OF REGULARLY  
ENROLLED STUDENTS:

\_\_\_\_\_ FULL-TIME      \_\_\_\_\_ PART-TIME      \_\_\_\_\_ TOTAL

**E. SIGNATURES**

CEO OR COO	_____	DATE	_____
ON SITE	_____	DATE	_____
ADMINISTRATOR	_____	DATE	_____
PROGRAM DIRECTOR	_____	DATE	_____

Office of EMS use only:

Site Visitor: \_\_\_\_\_ Date \_\_\_\_\_ Recommendation: ☐ Yes  
☐ No

State Medical Director: \_\_\_\_\_ Date \_\_\_\_\_ Recommendation: ☐ Yes  
☐ No

## **Additional Locations or Learning Sites**

On occasion, accredited training programs in Virginia contact the Office of EMS regarding offering additional training in alternative training sites which differ from the site receiving initial accreditation. As a result, OEMS training staff has contacted the "Commission on Accreditation of Allied Health Programs" for clarification. The OEMS has determined that additional programs can be offered under the original accreditation, dependant upon the program sponsoring the training demonstrating that all program components and evaluation tools are essentially the same as the original.

In an effort to accommodate institutions offering accredited programs, the Office is not requiring that the entire accreditation process be repeated a second time. The Office of EMS is putting in place a policy for those alternative sites. Institutions that intend to operate entire programs or parts of programs at a different location or learning site must prepare and submit a separate Alternative Site Self Study for each additional location. This application can be obtained from the Office of EMS. The questions which make up the Alternative Site Self Study must be addressed for each alternative site to assure OEMS that the two programs are essentially the same.

A site different from the original accreditation can be approved upon receipt of written verification of site details. As a reminder, it is important for all accredited programs to remember that should changes occur within the program, it is necessary to notify OEMS in writing of those changes.

## **Submitting the Alternative Site Self Study**

Institutions should send two hard copies of the completed self-study (including exhibits) and one copy of the narrative on diskette or CD-ROM with exhibits in an accompanying binder to:

Virginia Department of Health  
Office of Emergency Medical Services  
ALS Accreditation Program  
Attn: Chad L. Blosser  
109 Governor St., Madison Bldg. Suite UB-55  
Richmond, Va 23219

The institution should keep at least one copy for the institution's files.

The self-study document is reviewed for completeness upon receipt in the council office. You will be contacted if it does not contain all of the required items. Please do not submit other applications or requests with the self-study.

## **Scheduling Site Visits**

If required, a site visit will be scheduled. Scheduling of a visit depends on a number of factors, including the availability of site evaluators and staff and the date when the completed materials arrive.

Once the Office of Emergency Medical Services has received the application materials in complete and proper form, a staff member will contact the site/school to schedule a date for a site visit.

## **Evaluation Teams**

If a site visit is deemed necessary, an evaluation team will be formed. The evaluation team will be composed of at least one representative from the Office of Emergency Medical Services and may include at least one other person from Office of EMS or from outside. Rarely, additional team members may be required and will be assigned where necessary for the evaluation of any type of institution and its programs.

Prior to the site visit, the Office of Emergency Medical Services will advise the institution as to the date of the visit and, if available, the names of the team members. Team members will review a complete copy of the application materials, to include the Self Study and any updates. The materials will be reviewed in advance so that the time spent at the institution will be as productive as possible. The major portion of the visit time is devoted to verification of the information provided in the application. At the time of the visit, the institution is expected to be operating in accordance with the application and to be in compliance with all standards and regulations.

## **Alternative Site Program Reaccreditation**

In order to obtain reaccreditation for a program being offered at an alternative site, the institution must first seek out and obtain program accreditation from the Office of Emergency Medical Services for the main program site.

Programs being offered at an alternative site and wishing to renew their site accreditation shall apply to the Office of Emergency Medical Services for renewal not less than 90 days before expiration of their current award of accreditation. The application and Self Study included in this package will be official means of application for renewing accreditation.

## Self-Study Questions for Alternative Site Approval

### Section I: Resources

1. Will the program director for this alternative site be the same as for the main site? (Attach CV if different)

*[place cursor here to type answer]*

2. Will the program director's responsibilities be the same at the alternative site as the responsibilities of the program director for the main site?

*[place cursor here to type answer]*

3. If the program director is the same at both the main site and the alternative site, how will appropriate oversight of the program be managed?

*[place cursor here to type answer]*

### Section II: Medical Direction

1. Will the Medical director be the same for all sites? (Attach CV of new OMD if different)

*[place cursor here to type answer]*

2. Will the Medical director's role change for the additional site or will it remain the same as the OMD for the main site? (Attach agreement/role description of new OMD if different)

*[place cursor here to type answer]*

### Section III: Faculty

1. Will the faculty change for the new site? If so, include CV's and certification cards for all faculty members.

*[place cursor here to type answer]*

### Section IV: Financial Resources

1. What evidence is there that financial resources are assured for continued operation of the classes of students admitted?

*[place cursor here to type answer]*

## Section V: Facilities

1. Are the classroom and lab space adequate to accommodate an educational program at the new site?

*[place cursor here to type answer]*

2. Is there sufficient equipment to accommodate a program at the new site?

*[place cursor here to type answer]*

## Section VI: Clinical Resources

1. If alternative clinical sites (hospital or field) will be utilized at the new site, signed contracts must be on file at EMS. (Please attach to this form as needed)

*[place cursor here to type answer]*

## Section VII: Field Internship

1. Will preceptors at the new site receive the same training as that of the original site? If not, please provide preceptor training handbook/manual to this document.

*[place cursor here to type answer]*

## Section VIII: Student Relations

1. Will evaluations be conducted frequently enough to assure that both students and program faculty have evidence of student progress at this site? Please describe this process.

*[place cursor here to type answer]*

## Section IX: Program Evaluation



1. What evidence is there that frequent review of the effectiveness of student evaluation will occur? Please describe how this will occur.

***[place cursor here to type answer]***

## **Section X: Curriculum**

1. Is there evidence that the goals and objectives of the program are understood and known by representatives of the medical community where training at this new site is being conducted? Explain and provide any necessary documentation.

***[place cursor here to type answer]***